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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 8284

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/630,233 | FILING OR 371(c)<br>DATE<br>07/29/2003<br>RULE | CLASS<br>607 | GROUP ART UNIT<br>3762 | ATTORNEY DOCKET NO.<br>03-003 (ANSI01-00015) |
|-----------------------------|--|--------------|------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 10/23/2003

|  |                        |                      |                    |                         |
|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>MN | SHEETS DRAWING<br>17 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Allowance |                        |                      |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                        |                      |                    |                         |

**ADDRESS**

37372

**TITLE**

System and method for providing a medical lead body having dual conductor layers

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1254 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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